

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <u>[Signature]</u></p>	
<p>1. Article Addressed to:</p>		<p>B. Received by (Printed Name) <u>THOMAS</u> C. Date of Delivery <u>7-15-08</u></p>	
<p>UNISTATES CREDIT AGENCY, LLC C/O MANAGING MEMBER OR OFFICER P. O. BOX 277 WILLIAMSVILLE, NY 14231</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>07cv97 S &amp; Amd Cmp (99)</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) <u>7008 0150 0002 8065 2956</u></p>		<p>4. Restricted Delivery? (Extra Fee)</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<p>1. Article Addressed to:</p>		<p>B. Received by (Printed Name) <u>THOMAS</u> C. Date of Delivery <u>7-15-08</u></p>	
<p>FIRST AMERICAN INVESTMENT COMPANY, LLC C/O MANAGING MEMBER OR OFFICER P. O. BOX 277 WILLIAMSVILLE, NY 14231</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>07cv97 S &amp; Amd Cmp (99)</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) <u>7008 0150 0002 8065 2901</u></p>		<p>4. Restricted Delivery? (Extra Fee)</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	